DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CEDAR CREEK MANOR II (0009074)

Address: 2482 TERREBONNE DRIVE, MOSINEE, WI 54455

License Status: REGULAR

Licensed/Certified/Registered 03/01/2001

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095692 End Date: 10/06/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092503 End Date: 04/21/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091563 End Date: 09/10/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Complaint History

Date Complaint Received: 09/02/2003 Date Investigation Completed: 09/23/2003

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE MEDICATIONS PROGRAM SERVICES

NOT SUBSTANTIATED NOT SUBSTANTIATED NOT SUBSTANTIATED